

SCHOOL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**GENERATION WITH PROMISE TEAM ROSTERS (2007-2008)**

Three teams needs to be formed as a required part of this grant. Please attach this completed form to your first progress report (DUE: February 15, 2008).

**COORDINATED SCHOOL HEALTH TEAM (CSHT):** *Required members include* the principal/assistant principal, GWP local project coordinator, PE teacher, health teacher (or other teacher if the PE and health teachers are the same), foodservice director or manager, a community member, parents of a sixth, seventh, and eighth grade student; sixth, seventh and eighth grade student from Student Action Team. *Recommended members include:* school nurse, parent organization member, school counselor, school board member, persons from local health department or MSU Extension, teachers other than PE and Health or business partners that support the health mission of your school. More members can be added based on gaps identified.

**School:** Race of students: African American:\_\_\_\_% Hispanic:\_\_\_\_% Caucasian:\_\_\_\_% Other: \_\_\_\_%

**Team:** Race of members: African American:\_\_\_\_% Hispanic: \_\_\_\_% Caucasian:\_\_\_\_% Other: \_\_\_\_%

CSHT Member	Contact Information
Principal/Assistant Principal	Name: Phone: Email:
GWP Local Project Coordinator:	Name: Phone: Email:
PE Teacher:	Name: Phone: Email:
Health Teacher (or other teacher if the health/PE teacher are the same)	Name Phone: Email:
Foodservice Director or Manager:	Name: Phone: Email:
Community Member:	Name Phone: Email:
Sixth Grade Student:	Name Phone: Email:
Alternate Sixth Grade Student	Name
Seventh Grade Student:	Name Phone: Email:
Alternate Seventh Grade Student:	Name
Eighth Grade Student:	Name Phone: Email:
Alternate Eighth Grade Student:	Name
Parent of Sixth Grade Student:	Name: Phone: Email:
Parent of Seventh Grade Student:	Name: Phone: Email:
Parent of Eighth Grade Student	Name: Phone: Email:
Other:	Name: Phone: Email

**COMMUNITY MENTOR TEAM (CMT):** The principal and GWP coordinator are required members of the team. Others should be selected based on the goals of the Action Plan and existing or desired partnerships. The titles provided in the column on the left are suggested team members but the needs of your students and focus of your Action Plan should drive the selection of members. Additional members can be added throughout the year, based on gaps identified.

**School:** Race of students: African American:\_\_\_\_% Hispanic:\_\_\_\_% Caucasian:\_\_\_\_% Other: \_\_\_\_%

**Team:** Race of members: African American:\_\_\_\_% Hispanic: \_\_\_\_% Caucasian:\_\_\_\_% Other: \_\_\_\_%

CMT Member/Title	Business, Organization, or Agency	Contact Information
Principal or Building Administrator		Name Phone: Email:
GWP Local Project Coordinator		Name: Phone: Email:
Health Department Representative		Name: Phone: Email:
ISD Regional School Health Coordinator		Name Phone: Email:
MSU Extension 4-H Agent		Name: Phone: Email:
School-Community Health Alliance Member or School-based/School-linked health center staff		Name Phone: Email:
Michigan Action for Healthy Kids (MAFHK) Regional Leader		Name Phone: Email:
Community/Business/Faith Leader		Name Phone: Email:
Other Youth Service Provider/Agencies		Name Phone: Email:
Other: Recommendation from School Team		Name: Phone: Email:
Other: Recommendation from School Team		Name: Phone: Email:
Other: Recommendation from School Team		Name: Phone: Email:

**STUDENT ACTION TEAM (SAT):** The composition of the SAT must be consistent with the race, gender, number of students at each grade level and representative of the diversity in academic performance of students at the school. Required members include the GWP local project coordinator and the CMT leader. It is strongly suggested that a CSHT member, not necessarily the leader, be included on the SAT. The GWP will assist the principal select students and recommendations will be invited from the CSHT.

**School demographic information:**

Total Number of students: \_\_\_\_\_ Sixth grade: \_\_\_\_\_% Seventh grade: \_\_\_\_\_% Eighth grade: \_\_\_\_\_%  
Race of all students: African American: \_\_\_\_\_% Hispanic: \_\_\_\_\_% Caucasian: \_\_\_\_\_% Other: \_\_\_\_\_%

**Team Demographic information:**

Total Number of students: \_\_\_\_\_ Sixth grade: \_\_\_\_\_% Seventh grade: \_\_\_\_\_% Eighth grade: \_\_\_\_\_%  
Race of students: African American: \_\_\_\_\_% Hispanic: \_\_\_\_\_% Caucasian: \_\_\_\_\_% Other: \_\_\_\_\_%

Student Action Team Member	Contact Information
GWP Local Project Coordinator	Name: Phone: Email:
CMT Leader	Name: Phone: Email:
CSHT Member	Name: Phone: Email:
Sixth Grade Student:	Name Phone: Email:
Sixth Grade Student:	Name Phone: Email:
Sixth Grade Student:	Name Phone: Email:
Sixth Grade Student:	Name: Phone: Email:
Seventh Grade Student	Name Phone: Email:
Seventh Grade Student	Name: Phone: Email:
Seventh Grade Student	Name: Phone: Email:
Seventh Grade Student	Name: Phone: Email:
Eighth Grade Student	Name: Phone: Email:
Eighth Grade Student	Name: Phone: Email:
Eighth Grade Student	Name: Phone: Email:
Eighth Grade Student	Name: Phone: Email: